

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

TODD REGNIER

(b) County of Residence of First Listed Plaintiff NASSAU  
(EXCEPT IN U.S. PLAINTIFF CASES)

## (c) Attorneys (Firm Name, Address, and Telephone Number)

Kevin T. Mulhearn, P.C.  
60 Dutch Hill Rd, Suite 15  
Orangeburg, NY 10962 (845) 398-0361DEFENDANTS NEW YORK COLLEGE OF  
OSTEOPATHIC MEDICINE OF NEW YORK  
INSTITUTE OF TECHNOLOGY  
("NYCOM-NYIT" OR "NYCOM")  
County of Residence of First Listed Defendant NASSAU

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF  
THE TRACT OF LAND INVOLVED.

## Attorneys (If Known)

FILED

U.S. DISTRICT COURT

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)
<input type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff  
(For Diversity Cases Only))

	PTF	DEF	PTF	DEF	
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated or Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

<input type="checkbox"/> 110 Insurance	<b>PERSONAL INJURY</b>	<b>PERSONAL INJURY</b>	<input type="checkbox"/> 625 Drug-Related Injury of Property 21 USC 881	<input type="checkbox"/> 421 Appendix USC 158	<input type="checkbox"/> 315 False Statement
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 422 Withdrawal 28 USC 157	<input type="checkbox"/> 423 Violation	<input type="checkbox"/> 41 Statute of Limitations
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury	<input type="checkbox"/> 424 Antitrust	<input type="checkbox"/> 425 Arbitration	<input type="checkbox"/> 426 Antitrust
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 430 Banks and Banking	<input type="checkbox"/> 431 Commerce	<input type="checkbox"/> 432 Banking
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 433 Deceit	<input type="checkbox"/> 440 Deceit	<input type="checkbox"/> 441 False Statement
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 443 Environmental	<input type="checkbox"/> 444 Environmental
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 445 Hazardous Waste	<input type="checkbox"/> 446 Hazardous Waste	<input type="checkbox"/> 447 Hazardous Waste
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 448 Employment	<input type="checkbox"/> 449 Employment	<input type="checkbox"/> 450 Employment
<input type="checkbox"/> 160 Stockholder's Suits	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 451 Employment	<input type="checkbox"/> 452 Employment	<input type="checkbox"/> 453 Employment
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 453 Employment	<input type="checkbox"/> 454 Employment	<input type="checkbox"/> 455 Employment
<input type="checkbox"/> 195 Contract Product Liability		<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 456 Employment	<input type="checkbox"/> 457 Employment	<input type="checkbox"/> 458 Employment
<input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 458 Employment	<input type="checkbox"/> 459 Employment	<input type="checkbox"/> 460 Employment
		<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 459 Employment	<input type="checkbox"/> 461 Employment	<input type="checkbox"/> 462 Employment
		<input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 460 Employment	<input type="checkbox"/> 462 Employment	<input type="checkbox"/> 463 Employment
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			<input type="checkbox"/> 485 Employment	<input type="checkbox"/> 495 Freedom of Information Act	<input type="checkbox"/> 496 Freedom of Information Act
			<input type="checkbox"/> 486 Employment	<input type="checkbox"/> 497 Privacy Act	<input type="checkbox"/> 498 Privacy Act
			<input type="checkbox"/> 487 Employment	<input type="checkbox"/> 499 Administrative Procedure Act/Review or Appeal of Agency Decision	<input type="checkbox"/> 500 Constitutionality of State Statutes
			<input type="checkbox"/> 488 Employment		
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**V. ORIGIN** (Place an "X" in One Box Only)

<input type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District (specify)	<input type="checkbox"/> 6 Multidistrict Litigation
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Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
**42 U.S.C. § 12101, et seq.****VI. CAUSE OF ACTION**  
Brief description of cause: Medical student discriminated against on basis of disability.**VII. REQUESTED IN COMPLAINT:**  CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.**VIII. RELATED CASE(S) IF ANY** (See instructions): JUDGE N/A DOCKET NUMBER

DATE September 22, 2014 SIGNATURE OF ATTORNEY OR RECORD

## FOR OFFICE USE ONLY

RECEIPT # 16132 AMOUNT

400

APPLYING IFF

JUDGE

MAG. JUDGE

**CERTIFICATION OF ARBITRATION ELIGIBILITY**

Local Arbitration Rule 83.10 provides that with certain exceptions, actions seeking money damages only in an amount not in excess of \$150,000, exclusive of interest and costs, are eligible for compulsory arbitration. The amount of damages is presumed to be below the threshold amount unless a certification to the contrary is filed.

I, Kevin T. Mulhearn, counsel for Todd Regnier, do hereby certify that the above captioned civil action is ineligible for compulsory arbitration for the following reason(s):

- monetary damages sought are in excess of \$150,000, exclusive of interest and costs,
- the complaint seeks injunctive relief,
- the matter is otherwise ineligible for the following reason

**DISCLOSURE STATEMENT - FEDERAL RULES CIVIL PROCEDURE 7.1**

Identify any parent corporation and any publicly held corporation that owns 10% or more or its stocks:

**RELATED CASE STATEMENT (Section VIII on the Front of this Form)**

Please list all cases that are arguably related pursuant to Division of Business Rule 50.3.1 in Section VIII on the front of this form. Rule 50.3.1 (a) provides that "A civil case is "related" to another civil case for purposes of this guideline when, because of the similarity of facts and legal issues or because the cases arise from the same transactions or events, a substantial saving of judicial resources is likely to result from assigning both cases to the same judge and magistrate judge." Rule 50.3.1 (b) provides that " A civil case shall not be deemed "related" to another civil case merely because the civil case: (A) involves identical legal issues, or (B) involves the same parties." Rule 50.3.1 (c) further provides that "Presumptively, and subject to the power of a judge to determine otherwise pursuant to paragraph (d), civil cases shall not be deemed to be "related" unless both cases are still pending before the court."

**NY-E DIVISION OF BUSINESS RULE 50.1(d)(2)**

- 1.) Is the civil action being filed in the Eastern District removed from a New York State Court located in Nassau or Suffolk County? NO
- 2.) If you answered "no" above:
  - a) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in Nassau or Suffolk County? Yes
  - b) Did the events or omissions giving rise to the claim or claims, or a substantial part thereof, occur in the Eastern District? Yes

If your answer to question 2 (b) is "No," does the defendant (or a majority of the defendants, if there is more than one) reside in Nassau or Suffolk County, or, in an interpleader action, does the claimant (or a majority of the claimants, if there is more than one) reside in Nassau or Suffolk County?

(Note: A corporation shall be considered a resident of the County in which it has the most significant contacts).

**BAR ADMISSION**

I am currently admitted in the Eastern District of New York and currently a member in good standing of the bar of this court.

Yes       No

Are you currently the subject of any disciplinary action (s) in this or any other state or federal court?

Yes (If yes, please explain)       No

I certify the accuracy of all information provided above.

Signature: \_\_\_\_\_